



REGIONAL ANIMAL PROTECTION SERVICE
NANCY HILL
REGIONAL DIRECTOR

SPOKANE COUNTY REGIONAL ANIMAL PROTECTION SERVICE (SCRAPS)
REQUEST FOR RELEASE OF RECORDS

Please print

Today's Date: _____

Date/Time of incident: _____

Location of incident: _____

Names of involved people: _____
(Last) (First) (M.I.) (DOB)

(Last) (First) (M.I.) (DOB)

Describe the Records or Information Requested: (Please be as specific as possible as to what you need, we do not need details of the event, just what event you want records for, i.e. Call ID numbers/ Report Numbers/address of event)

Requestor's Name: _____ Phone: _____

MAILING Address: _____ City: _____ State: _____

Zip: _____ **EMAIL ADDRESS** _____

I, the undersigned, do hereby request release of information described above to the requestor named in accordance with the following terms and conditions. I understand that neither the County of Spokane, nor their employees individually make warranty actual or implied, as to the accuracy of documents or information released pursuant to this request.

WE CHARGE \$0.15 PER PAGE FOR COPIES

REQUESTOR'S SIGNATURE: _____

(Please circle one: Victim//Suspect//Insurance Co//Attorney//uninvolved)



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